

FORMAL APPLICATION FOR FINANCING OF HEALTH CARE FACILITY

1. Name of applicant:

2. Address of applicant:

3. Name and telephone number of person to be contacted on behalf of applicant (and address if different from 2 above)

4. Description of health care facility to be financed. (include location, health care services provided by facility, offices located in facility and any non health care related uses of facility)

5. The proposed financing is to (check applicable boxes):

 a. Pay construction and equipment costs not previously financed by a loan or loans.

 b. Refinance an existing loan or loans incurred to pay construction and equipment costs.

6. If 5b is checked, are existing loan or loans secured by lien on real or personal property or revenues of the applicant? _____ If yes, attach a copy of security agreement with the lender.

7. Has the State Health Planning and Development Agency issued a final decision awarding a certificate of need or an exemption therefrom to the applicant for the health care facility proposed to be financed? _____ If yes, attach copy of the application and final decision of the State Health Planning and Development Agency.

If construction and equipment of the health care facility is not completed, complete questions 8 through 11, below and complete the table in question 12 using current estimated dollar amounts for the column entitled "total dollar amount".

8. Does applicant have a guaranteed maximum price construction contract for construction of the health care facility?
9. If the answer to 8 above is "No," on what is applicant's estimate of construction cost based? Attach copies of any documents referred to in answering this question.
10. Has applicant entered into any contract or contracts for equipment of the health care facility which individually are in a dollar amount equal to at least 10% of the total estimated cost of construction and equipment of the health care facility? _____ If yes, attach copies.
11. When is construction and equipment of health care facility estimated to be completed? (include bases for estimate)

If construction and equipment of health care facility is completed, complete questions 12 through 15, below.

12. The total cost of construction and equipment of health care facility was \$ _____ consisting of the following costs:

	Total	Dollar Amount
	<u>Dollar Amount</u>	<u>Expended to Date</u>
Land (include only if land acquired as part of project)		
Land improvements		
Construction		
Fixed equipment		
Movable equipment		
Architectural fees		
Construction management fees		
Financing costs		
Other (specify by major category)		

13. Date construction and equipment of facility was completed: _____
14. Is the health care facility operational? _____
15. Does the health care facility provide service to the general public? _____
If no, describe restrictions.

In order to meet statutory requirements for the issuance of special purpose revenue bonds the Department of Budget and Finance is required to make a determination that the applicant is a responsible party (by reason of economic assets and experience in providing health care to the general public). Items 16 through 31 are included in this application in order to provide the Department with a basis for making the required determination. If the obligations of the applicant under the agreement with the Department providing for the financing are to be guaranteed by a third party, items 16 and 18 through 21 should be answered with respect to such guarantor as well as the applicant.

16. Date of incorporation of the applicant and number of years the applicant has been providing health care services to the general public: _____. Attach copy of articles of incorporation and by_laws of applicant (and guarantor if applicable) and copy of 501(c)(3) determination letter of the Internal Revenue Service relating to applicant.
17. Is applicant's obligation to make payments to the Department under the terms of the proposed financing to be guaranteed by a third party? _____. If yes, specify third party.
18. List below the professional associations of which the applicant is a member:

19. List below the licensing and accreditation procedures to which the applicant is subject and attach copies as applicable, of all current licenses and most recent accreditation certificates.

20. Attach audited financial statements of the applicant for the most recent three years.

21. List the commercial bank or banks and any other financial institution with which the applicant maintains a banking relationship, a letter or letters of credit or line or lines of credit and the name of the person at each such bank or other institution most familiar with applicant's account.

Name of Institution

Person

22. Has the applicant received grant moneys or a loan from the federal government under the Hill_Burton Act or other federal program? If yes, specify including dates and amounts.
23. Does the applicant have Medicare and/or Medicaid provider certificates? _____ If yes, attach copies.
24. Does the applicant have an HMSA contract? _____ If yes, attach copy.
25. List programs in addition to Medicare/Medicaid or HMSA which provide a significant portion of the applicant's patient service revenue.
26. Does the applicant own the real property upon which the health care facility has been or is to be constructed?
27. Does the applicant own any real property (other than property referred to in 26 above) in the State of Hawaii? _____

28. Which of the following does the applicant propose to pledge as security for the financing being applied for?
- Revenues derived from operation of health care facility being financed.
 - Revenues derived from other operations (specify).
 - Real property on which health care facility is located and personal property contained in health care facility.
 - Other personal and/or real property (specify location).
 - Other (specify).
29. Are there any lawsuits now pending against the applicant in which, individually or in the aggregate, the plaintiff has sued for an amount in excess of the applicant's applicable insurance coverage?
30. Does the applicant carry malpractice insurance? _____ If "yes" specify name and address of insurance agent.
31. Does applicant require the consent of any other body prior to executing an agreement with the Department to provide for the financing? _____ If yes, specify body or bodies and indicate whether or not consent has been granted.
32. Has the applicant selected a person or firm to provide financial feasibility consultant services for the proposed financing? _____ If yes, attach copies of proposal received which should include a description of the services to be provided and the proposed fee.

33. Attach to this application short biographies of key administrators of the applicant (and guarantor, if any) and the governing body of the applicant (and guarantor, if any). Such biographies should include educational background and health care-related experience.

STATE OF _____)
) SS.
 COUNTY OF _____)

Deponent, being duly sworn, deposes and says that deponent is and was at all times mentioned in the foregoing application the authorized representative of the applicant, and being the authorized representative mentioned in the foregoing application that the statements made in said application are in all respects true and correct.

 (Signature of Applicant)

Subscribed and sworn to before me this _____ day of _____, 19 ____.

 Notary Public, _____ Judicial Circuit,
 State of _____

My commission expires:

ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED FOR PROCESSING BY THE DEPARTMENT. A COMPLETED APPLICATION CONSISTS OF:

1. This form with all applicable items completed.
2. Copies of all applicable items referred to in this form.
3. Two executed copies of the fee agreement. One copy will be returned to the applicant upon execution by the department.
4. Certified or cashier's check made out to the department in the amount of \$1,000.00.